Major Development Assessment Department of Planning and Infrastructure GPO Box 39 Sydney NSW 2001

RE: Submission in relation to the Stratford Extension Project (SSD-4966)

Person making Submission:	
Name: Kyle Andrews	
Address: 12 Becker Rd	
Town/Suburb: Forster	State: <u>KW</u> Postcode <u>242</u> 8
I support the Project OR Please tick one option	I object to the Project
Reason(s) why: potential increase in	property value;
employment opportunities; posi	Eve environmental
turnover; increase in area i	evenue;
Signature: 12 lie Ache	
Kylie Andrews	<u>30/11/2012</u>
Name	Date

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Political Donations Disclosure Statement to Minister or the Director-General

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If you are required under section 147(3) of the Environmental Planning and Assessment Act 1979 to disclose any political donations (see Page 1 for details), please fill in this form and sign below.

Disclosure statement details	······································						
Name of person making this disclosure					ce, property		
IXYLie Andrews SSD-49 Your interest in the planning application (circle relevant option below)							
Your interest in the planning application (cir	rcle relevant option below)	L					
You are the APPLICANT YES / NO OR You are a PERSON MAKING A SUBMISSION IN RELATION TO AN APPLICATION (YES) / NO							
Reportable political donations made by person making this declaration or by other relevant persons							
* State below any reportable political donations you have made over the 'relevant period' (see glossary on page 2). If the donation was made by an entity (and not by you as an individual) include the Australian Business Number (ABN).							
* If you are the applicant of a relevant planning application state below any reportable political donations that you know, or ought reasonably to know, were made by any persons with a financial interest in the planning application, OR							
* If you are a person making a submission in relation to an application, state below any reportable political donations that you know, or ought reasonably to know, were made by an associate.							
Name of donor (or ABN if an entity) Donor's residential address or entity's registered address of the donor		address or	Name of party or person for whose benefit the donation was made	Date donation made	Amount/ value of donation		
· · · ·				indde			
Please list all reportable political donations—additional space is provided overleaf if required.							
By signing below, I/we hereby declare that	all information contained within this statement is ac	curate at the tin	ne of signing.				
Signature(s) and Date Kylle Add 30/11/12 Name(s) Kylle Addrews							

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